

Your Advanced Business Partner

Advanced HR and the listed work-site employer are Equal Opportunity Employers. All applications for employment are considered without regard to race, religion, sex, national origin, age, family status, veteran status, disability, or any other legally protected status. Failure to complete this application in its entirety will result in this application to not be processed. This application will remain active for \_\_\_\_ days.

Name:	Social Sec.#:	
	Phone:	
Drivers License #:	State:sition includes driving as a job function.	
Are you 18 or older?: Yes	No If you are less than 18 years old, pleas	se state your age:
Were you previously employed	with us? Yes No If yes, dates an	d location:
Are you eligible for employmen	nt in the USA? Yes 🔲 No 🔲 (Proof of eligibility v	will be required.)
Names of friend(s) or relative(s)	employed with us:	
EMPLOYMENT DESIRE		
Position Desired:	Start Date: _	
	How did you hear of this job: _	
Currently Employed?: Yes	No Can we contact your current employ	rer?: Yes No
If required, can you work overti	me?: Yes No Are there any days you	u cannot work?: 🗌 Yes 📗 No
Were you previously employed	with us? Yes No If yes, dates an	d location:
EDUCATION		
	lame and Location of School:	# of Years Attended
School Level:		
High School:		
College / Vocational:		
MILITARY SERVICE		
Were you in the US Armed Force	es: Yes No If yes, what branch?: _	
Date of Duty: from:to	o: Rank of discharge:	
Indicate duties or special trainir	ng in the service:	
Please list any additional skills, ce which you are applying:	ertifications or associations to which you belon	g that pertain to the position fo

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**FORMER EMPLOYERS** (List below the last three Employers, starting with the most recent.)

#1. Employer: Job Description:				
Starting Salary:  Employed From:  Reason for Leaving:	To:	Name of Supe	ervisor:	
Street Address:	City	:	State:	_ Zip:
#2. Employer: Job Description:				
Starting Salary: Employed From: Reason for Leaving:	To:	Name of Supe	ervisor:	
Street Address:		:	State:	_ Zip:
#3. Employer:  Job Description:				
Starting Salary: Employed From: Reason for Leaving:	To:	Name of Supe	ervisor:	
Street Address:	City	:	State:	Zip:

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Your Advanced Business Partner

Name:	
Address:	
Business:	Years Acquainted:
Name:	
Business:	Years Acquainted:
Name:	
	Years Acquainted:
-	
I agree that any false statement may be grounds for denial of e	nts, misrepresentations or omissions of fact during the hiring process,
l agree that any false statement may be grounds for denial of extremely and voluntarily agree to law as part of my application of passing said pre-employment the worksite employer reserves the examination to the extent permand/or alcohol testing as are palcohol in accordance with state action, including immediate sum and be requesting information concerning my past activities reserved.	nts, misrepresentations or omissions of fact during the hiring process, mployment or if hired before discovery, my employment may be subject to a drug test at any time as may be allowed by state or feder or employment and that any offer of employment is conditional upon testing. I also understand and agree that Advanced HR and/or my right to require me to submit to an alcohol test and/or medical mitted by law. I further understand that refusal to submit to said drug permitted by law, or the positive testing for prohibited drugs and/or undards established by either state or federal law, may result in discipling a permitted by law, or the positive testing for prohibited drugs and/or undards established by either state or federal law, may result in discipling a from various federal, state, or other agencies which maintain recording to my driving, credit, criminal, civil and other experiences.
I agree that any false statement may be grounds for denial of eto termination.  I freely and voluntarily agree to law as part of my application for passing said pre-employment the worksite employer reserves the examination to the extent perroperand/or alcohol testing as are palcohol in accordance with state action, including immediate sumay be requesting information concerning my past activities report of the part of the p	Ints, misrepresentations or omissions of fact during the hiring process, imployment or if hired before discovery, my employment may be subject to a drug test at any time as may be allowed by state or federal for employment and that any offer of employment is conditional upon testing. I also understand and agree that Advanced HR and/or my right to require me to submit to an alcohol test and/or medical mitted by law. I further understand that refusal to submit to said drug permitted by law, or the positive testing for prohibited drugs and/or undards established by either state or federal law, may result in discipling aspension or termination of employment. Further, I understand that you from various federal, state, or other agencies which maintain recordelating to my driving, credit, criminal, civil and other experiences. Thired, I have the right to resign my employment at any time, with or coloyment may be terminated with or without cause or notice. I understate ersedes any prior oral or written understanding.  R and/or the worksite employer may contact my previous employers uthorize employers to disclose all records and other information perting them from liabilities that may result from such disclosure.
I agree that any false statement may be grounds for denial of eto termination.  I freely and voluntarily agree to law as part of my application for passing said pre-employment the worksite employer reserves the examination to the extent perroperand/or alcohol testing as are palcohol in accordance with state action, including immediate sumay be requesting information concerning my past activities report of the part of the p	submit to a drug test at any time as may be allowed by state or feder for employment and that any offer of employment is conditional upon testing. I also understand and agree that Advanced HR and/or my right to require me to submit to an alcohol test and/or medical mitted by law. I further understand that refusal to submit to said drug permitted by law, or the positive testing for prohibited drugs and/or undards established by either state or federal law, may result in discipling spension or termination of employment. Further, I understand that you from various federal, state, or other agencies which maintain record relating to my driving, credit, criminal, civil and other experiences. Thired, I have the right to resign my employment at any time, with or coloyment may be terminated with or without cause or notice. I understate ersedes any prior oral or written understanding.  R and/or the worksite employer may contact my previous employers uthorize employers to disclose all records and other information perting them from liabilities that may result from such disclosure.



## INFORMED CONSENT AND RELEASE OF LIABILITY \_\_\_\_

I understand that in connection with my application for employment and, if hired, during my employment, a consumer report may be requested for employment purposes. All inquiries will be handled in compliance with applicable law including provisions of the Fair Credit Reporting Act, 15 U.S.C. Section 1681, et seq. I understand that the employment decision and my continued employment will be subject to the results of these inquiries. The report may include, but is not limited to the following areas:

Verification of social security number, current/previous residences; employment history; education including transcripts; character references; credit history and reports when applicable; criminal records from any criminal justice agency in any/all federal, state, county, jurisdictions; motor vehicle records; and any other public records or to conduct interviews with third parties relative to my character, general reputation, or personal characteristics.

I hereby waive any and all written notice of disclosure that may be required by applicable local, state, or federal laws of my past and /or present employer(s), individuals, or institutions. In exchange for the consideration of my employment application by Advanced HR, I hearby release and forever discharge, without reservation, Advanced HR (including its directors, officers, employees and agents) from any liabilities that may result from an investigation of my past and/or present employment or from the disclosure of any information.

I further acknowledge that a telephone facsimile (FAX) or photographic copy of this document will be valid as original.

THIS INFORMATION CONSENT AND RELEASE PROVIDES THAT YOU KNOWINGLY AND VOLUNTARILY AGREE TO RELEASE CERTAIN PERSONAL RIGHTS. IT MAY BE ADVISABLE FOR YOU TO SEEK LEGAL COUNSEL PRIOR TO ENTERING INTO THIS AGREEMENT.

Signature of Applicant:						
Printed Name:	Date:					
Position Applied for:						
Job Related Background Requirements:						
Credit Statewide Criminal County Criminal	MVR					
References Workers' Compensation Education	ion					

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